

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068682(1)

1. Corporation Name

ZO-K, INC.

Principal Place of Business

1141 NW 84th TERR
PEMBROKE PINES, FL 33024

Mailing Address

1141 NW 84th TERR
PEMBROKE PINES, FL
33024

3. Date Incorporated or Qualified

9/15/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8362 PINES BLVD.

26

4. FEI Number

65-0521974

Applied For

Not Applicable

22 SUITE 124

27 Suite, Apt. #, etc

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 PEMBROKE PINES, FL

28 City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 33024

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, NONA J.
1141 N.W. 84th TERRACE
PEMBROKE PINES, FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent) and title (if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P-T-S-D	<input type="checkbox"/> DELETE
NAME	WHITE, NONA J.	
STREET ADDRESS	1141 N.W. 84th TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NONA J. WHITE

3-4-96 (954)-436-4816

CR2E034 (12/95)